prevalence rate of 0.2 per 1000 (95% CI 0.005 to 1.210) among Canadian-born women and 15.6 per 1000 (95% CI 0.39 to 84.00) among women from countries where HIV is endemic. These rates are very close to the results shown by Remis and associates (0.16 per 1000 among Canadian-born women and 14.2 per 1000 among women from HIV-endemic countries).

We think that having data not only from Montreal but also from other areas of the province may aid in the development of policies concerning HIV testing.

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Sex differences in physicians' activity level

I question the purpose of the article "Comparison of activity level and service intensity of male and female physicians in five fields of medicine in Ontario" (*Can Med Assoc J* 1995; 153: 1097–1106), by Drs. Christel A. Woodward and Jeremiah Hurley.

I find this article representative of what increasingly passes for research in Canada, particularly in the study of what is now characterized as health care.

It is my perception, after almost 30 years in medical practice, that female physicians are just like male physicians. Some of them work hard, some of them work part-time, some of them are lazy, some of them are independently wealthy, and some of them use their medical practice as a means of subsidizing other interests. To suggest, as this article does, that somehow women have special attributes in providing caring and listening is sexist in the extreme.

I note that the research was supported by a grant from the Ontario Ministry of Health. In this time of restraint, I wonder why the Ministry of Health is spending money in this fashion.

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Woodward and Hurley describe interesting sex differences in activity levels and service intensity among male and female physicians in Ontario. They observe that sex appears to be a significant contributor in explaining variations in activity. As a conclusion, they note that analysis of the pattern of service delivery within a given field of medicine is needed. It should be noted that this analysis has been undertaken in pediatrics.[1] It was shown that female pediatricians across Canada were significantly more likely to work part-time than were male pediatricians, and that there appeared to be a difference in service activity between male and female pediatricians in full-time practice.

This study also showed very significant differences in service activity by age among both male and female pediatricians. Indeed, age appeared to be a more significant influence than sex. It would be interesting to compare service activity results from this survey with those observed among the pediatricians surveyed by Woodward and Hurley.

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[The authors respond:]

Dr. McCall seems to misunderstand the purpose of statistical research such as ours, which is to distinguish systematic from random variation. It is self-evident that some female physicians provide many services and some provide few. It is not self-evident that, on average, female physicians in some fields provide fewer services, especially after controlling for the fact that, on average, women in medicine are younger than men, they choose different practice settings than men do and so on.

As for Ontario Ministry of Health support, Ontario health researchers are painfully aware that the peer-review grant competition that funded this project was put on hold 2 years ago.

We do not believe that there are innate differences in ability between male and female physicians. Rather, sex serves as a marker for other poorly understood differences in behaviour created by a variety of circumstances. We are calling for better information about these factors. Rather than implying that female physicians have special attributes, we suggest that some patients may have sex-related expectations of physicians stemming from cultural stereotypes of appropriate male and female behaviour. This hypothesis comes

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from personal and focus-group interviews with primary care physicians about influences on their practices.[1]

We thank Dr. Rieder for pointing out that additional information about the pattern of service delivery among Canadian male and female pediatricians has been published. When we commented that more information was required, we were alluding particularly to questions about (a) differences in the age and sex composition of the practice population of male and female physicians within a specialty and (b) possible sex differences in the types of problems for which patients seek out these physicians. The second difference is difficult to detect and may lead to the provision of different services by male and female physicians, even if their clientele appears similar in age and sex composition. Among family physicians, there is growing evidence that the age and sex structure of practice populations of male and female physicians differs.[2,3] Less is known about how the types of problems patients present to physicians differ by the sex of the medical provider.[4] However, a recent study[5] found no sex difference in the time physicians spent with their patients when the patients presented very similar problems.

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Heroes of early radiology

On the centennial of Wilhelm Conrad Röntgen's discovery of x-rays, it is appropriate to remember those who gave their lives in the pursuit of knowledge about this dangerous form of radiation ("Making sense of shadows: Dr. James Third and the introduction of x-rays, 1896 to 1902," by Charles Hayter, *Can Med Assoc J* 1995; 153: 1249–1256).

At the London Hospital (now called the Royal London Hospital), London, England, my alma mater, a memorial commemorates four early martyrs to x-rays (Fig. 1). Hugh Lett, a medical student in 1896, wrote this account: "A new x-ray apparatus had just been installed. . . . [Ernest] Harnack was the first technician to work there, and he was subsequently joined by Suggars. Both suffered seriously from x-ray burns, and both ultimately died from carcinoma, Harnack only after both his arms had been amputated."[1]

A.E. Clark-Kennedy added, "Two other x-ray technicians also died of x-ray carcinoma before the danger of exposure to x-rays was appreciated, namely Reginald Blackall and Ernest Wilson, and a memorial tablet to all four was unveiled by Dr. Sequira in the Out-patient Department on 24th January, 1944. As the total number of recorded x-ray martyrs in the world is only of the order of a hundred, it seems remarkable that the London Hospital should claim four."[1]

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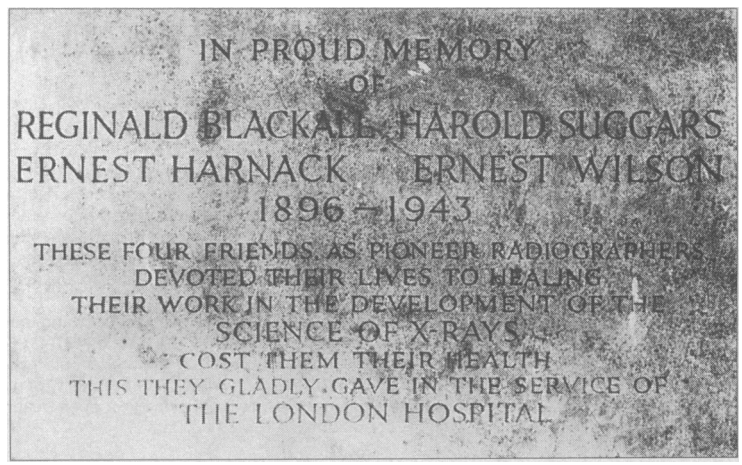

Fig. 1: The memorial tablet to the four x-ray technicians at the London Hospital, now the Royal London Hospital, London, England, who died as a result of radiation.

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